

# Hills Gymnastics

431 Brook Ave Deer Park, NY 11729\_\_ 631-241-1153\_\_ Celebrating over 40 years 1972-2024

Spring 2024	Mar 4,11,18,25	Mar 5,12,19,26	Mar 6,13,20,27	O Z	Mar 8,15,22	Mar 9,16,23
	Apr 8,15,29	Apr 9,16,30	Apr 3,10,17		Apr 5,12,19	Apr 6,13,20
	May 6,13,20	May 7,14,21	May 1,8,15,22		May 3,10,17	May 4,11,18
	<u>\$300</u>	<u>\$300</u>	<u>\$330</u>		<u>\$270</u>	<u>\$270</u>

## Summer 2024

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
	4:30-5:30pm \$28 5:30-6:30pm \$28	4:30-5:30 pm \$28	4:30-5:30pm \$28 5:30-6:30pm \$28	9-10am \$28	
<b>Week 1</b>	<b>X</b>	<b>X</b>	<b>July 3</b> <b>4:30 5:30</b>		
<b>Week 2</b>	<b>July 8</b> <b>4:30 5:30</b>	<b>July 9</b>	<b>July 10</b> <b>4:30 5:30</b>	<b>July 11</b>	
<b>Week 3</b>	<b>July 15</b> <b>4:30 5:30</b>	<b>July 16</b>	<b>July 17</b> <b>4:30 5:30</b>	<b>July 18</b>	
<b>Week 4</b>	<b>July 22</b> <b>4:30 5:30</b>	<b>July 23</b>	<b>July 24</b> <b>4:30 5:30</b>	<b>July 25</b>	
<b>Week 5</b>	<b>July 29</b> <b>4:30 5:30</b>	<b>July 30</b>	<b>July 31</b> <b>4:30 5:30</b>	<b>Aug 1</b>	
<b>Week 6</b>	<b>Aug 5</b> <b>4:30 5:30</b>	<b>Aug 6</b>	<b>Aug 7</b> <b>4:30 5:30</b>	<b>Aug 8</b>	
<b>Week 7</b>	<b>Aug 12</b> <b>4:30 5:30</b>	<b>Aug 13</b>	<b>Aug 14</b> <b>4:30 5:30</b>	<b>Aug 15</b>	
<b>Week 8</b>	<b>Aug 19</b> <b>4:30 5:30</b>	<b>Aug 20</b>	<b>Aug 21</b> <b>4:30 5:30</b>	<b>Aug 22</b>	

City \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Emergency# \_\_\_\_\_

AN INSURANCE WAIVER MUST BE SIGNED BEFORE YOUR CHILD WILL BE ALLOWED TO PARTICIPATE IN THE PROGRAM. ALL FORMS MUST BE SIGNED BY THE FIRST CLASS.

I am fully aware and appreciate the risk of injury associated with participating in gymnastics. I agree that Hills Gymnastics Inc., employees, officers, and directors shall not be liable for any injury or related medical expenses occurring as a result of my child's participation in gymnastics.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



### Hills Gymnastics Athlete Participation Agreement

**Name of Athlete:**

In consideration of my participation in the Hills Gymnastics Inc. and my participation in any sanctioned events, I Agree to be bound by each of the following conditions:

**A) Readiness to Compete:** I will only participate in those gymnastics' practices and competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in Hills Gymnastics Inc. events, I will have practiced my exercises, and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

**B) Medical Attention:** I hereby give my consent to Hills Gymnastics Inc., and the host organization of any sanctioned event, to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in Hills Gymnastics Inc. sanctioned events.

**C) Waiver and Release:** I am fully aware of and appreciate the risks, including the rise of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics practice or event. I further agree that Hills Gymnastics Inc., the host organization and sponsors of any sanctioned event, along with the employees, agents, contractors and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**D) Physical Assistance:** I am aware that while gymnastics is an individual sport, there will be times when incidental contact will occur. Our coaching staff will spot (physically assist) when the circumstances require it. Spotting our athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and to prevent injury. I agree to permit my child's coach to physically assist my child when needed. Direct assistance will also be provided in the event of an injury.

As the legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the the above conditions for permitting my child to participate in the Hills Gymnastics Inc. programs and any sanctioned events.

**Signature of Parent or Guardian**

**Date**

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<b>Monday</b> <b>4:30-5:45pm</b>	<b>Tuesday</b> <b>4:30- 5:45pm</b>
June 3,10,17  \$90	June 4,11,18  \$90

**Visit our website at [www.hillsgymnastics.net](http://www.hillsgymnastics.net) or email us at [Marissa240@aol.com](mailto:Marissa240@aol.com)**

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_Grade\_\_\_\_\_

Address\_\_\_\_\_

Allergies\_\_\_\_\_

City\_\_\_\_\_

Email\_\_\_\_\_

Telephone\_\_\_\_\_

Emergency#\_\_\_\_\_

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Parent signature\_\_\_\_\_Date\_\_\_\_\_



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